

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Allen K. Valaer  
 East Alabama Medical Center  
 121 North 20th Street  
 Building 17  
 Opelika, AL 36801

2. Article Number

(Transfer from service label)

7007 1490 0000 0024 7588

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

JS Henderson

☐ Agent☐ Addressee

B. Received by (Printed Name)

JS HENDERSON

C. Date of Delivery

4/18

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

08 cv 244 C, Rec + (stop)